Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>04/23/2010</u>	Address:	2273 U.S. 150
Case #:	<u>32F30504</u>		West Terre Haute, IN
County:	<u>Vigo</u>		<u>47885</u>
Type of Laboratory Seizure (check one) Operational Lab Chemical/Glassware/Equipment (only) Dumpsite (only)		Seizure Location (o Residence Outbuilding Vehicle	check all that apply) Hotel/Motel Open — No Structure Other:
(check all the Lithium Lithium Lithium Red Photo Flamma Water Rea Anhydroch Lithium Corrosiv	nd: Location (bedroom, kitchen, open a nat apply) /Ammonia Reaction(s): Open Osphorous/Iodine Reaction(s): ble Solvents: ctive Metal (Lithium): Open Ous Ammonia: Open Oloric Acid Gas Generator(s): ye Acid: ye Base: tem and location):		
Child under age 18 discovered (check one) ☐ Yes (number present) ☐ No *If yes, fax report to Child Protective Services This report is to be faxed to the following agencies that serve the location: Fire Department: Sugar Creek Health Department: Vigo Health Dept. Child Protection Service: Vigo CPS Find Investigative Information Ephedrine/Pseudoephedrine Tracking Log Retail/Merchant Tip Other: Other: Fax: Fax: Fax: 812-234-1010 Fax: 812-234-1010 Fax: 812-234-1802			
For further information regarding this methamphetamine laboratory, contact Investigating Officer: J. Kempf/ 7922 Phone (812)299-1151			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.